## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 10, 2000 8:00 am Secretary of State **DOCUMENT # 368759** NACHMAN CONSTRUCTION COMPANY, INC. 04-10-2000 90073 012 \*\*\*150.00 Mailing Address Principal Place of Business 10924-102 ST. N. 10924 102ND ST NORTH LARGO FL 33773-4143 LARGO FL 33773 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1379835 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NACHMAN, JOHN J Street Address (P.O. Box Number is Not Acceptable) 10924-102 ST. N. **LARGO FL 33773** City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change \_\_ Addition ☐ Delete TITLE DT! F NACHMAN, PATRICIA NAME NAME STREET ADDRESS STREET ADDRESS 10924-102 ST. N. CITY-ST-ZIP CITY-ST-ZIP LARGO FL ☐ Change ☐ Addition Delete TITLE TITLE NACHMAN, PATRICIA NAME NAME 10924-102 ST. N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL ☐ Delete ☐ Change Addition TITLE TITLE NACHMAN, JOHN J NAME NAME STREET ADDRESS 10924-102 ST. N. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP